

January 01, 2007

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Ellen Glovsky
Northeastern University

Margaret Christensen
Northeastern University

Hortensia Amaro
Northeastern University

Rita Nieves
Division of Women and Family Services, Boston Public Health Commission (Boston, Mass.)

Recommended Citation

Glovsky, Ellen; Christensen, Margaret; Amaro, Hortensia; and Nieves, Rita, "Healthy Habits in Recovery : Dietary Study Methods in Substance Abuse Treatment Centers" (2007). . Paper 1. <http://hdl.handle.net/2047/d10005742>

HEALTHY HABITS IN RECOVERY: DIETARY STUDY METHODS IN SUBSTANCE ABUSE TREATMENT CENTERS

Ellen Glovsky, PhD, RD, LDN¹, Margaret Christensen, RN, PhD^{1,2}, Hortensia Amaro, PhD², & Rita Nieves, RN, MPH³

¹Bouve College of Health Sciences, Northeastern University, Boston, MA, ²Institute on Urban Health Research, Bouve College of Health Sciences, Northeastern University; Boston, MA, ³Division of Women and Family Services, Boston Public Health Commission, Boston, MA

PURPOSE

Obesity is a major health problem in the US and overweight and obesity increase cardiovascular risk factors. The problem is known to be more prevalent among African American and Latino populations. Weight gain among those recovering from substance abuse is well known among treatment professionals and recovering people, but it is not documented.

This pilot study was designed to

- 1) Explore whether it is possible to gain access to treatment centers, learn about their food service arrangements, and collect accurate dietary intake and body weight information.
- 2) Learn more about individual and contextual factors contributing to weight gain in women during recovery from substance abuse and to explore attitudes, beliefs, and practices of women in recovery related to nutrition, diet, and exercise.
- 3) Gather data for a larger more representative study of this problem as well as to guide the development of an intervention.

CHARACTERISTICS OF PARTICIPANTS

	Number of Subjects	Average Age	Ethnicity
Weekly Interview Group	Beginning N = 12 Final N = 10	34 years	White: 1 Black: 2 Hispanic: 9
Focus Group Participants	No Data Available	35 years	No Data Available

DIETARY DATA STUDY: METHODS AND DATA ANALYSIS

Dietary and body weight data collection:

- Weekly interviews conducted on day and time most convenient for treatment facility
- 24-Hour Recall by trained interviewers (nursing students) using standard protocol
- Portions estimated using 2-D Food Models
- Weekly body weight measurement
- Assessment of amount and intensity of exercise in previous week

Dietary Data Analysis:

- 2-D Food Model codes converted to portion size for each food
- Data entered by trained coder using *Food Processor* (ESHA Research)
- Statistical analysis conducted using *SPSS*

Comparison of expected weight change with actual weight change:

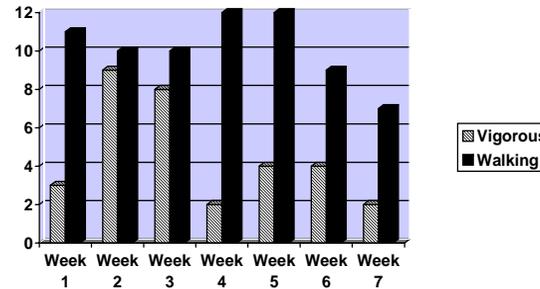
- Calculations performed to estimate predicted weight change and compare to actual
- Average daily calorie requirement based on Harris-Benedict formula and daily activity levels

RESULTS OF DIETARY DATA

- **Mean caloric intake:** Varied from an average of 749 to 3,497
- **Percent of calories from fat:** Varied from 27.9% to 48.5%.
- **Mean weight change:** + 6.4 lb., with a range of -1.0 to + 11.5 lb.

- **When calorie expenditure was compared to reported calorie intake for each individual, there was little relationship between caloric consumption, caloric expenditure, and weight change.**

Numbers of Women Reporting Vigorous Activity and Walking Each Week



FOCUS GROUPS: METHODS AND RESULTS

Three separate groups were held

- 1 English speaking Latina women (n = 20)
- 1 Spanish speaking Latina women (n = 14)
- 1 English speaking black women (n = 18)

Explored individual and environmental factors related to weight gain

- What are your experiences with weight change before and after being in a program?
- Tell me about the food you eat in the programs.
- Tell me about exercise.

Themes: Food

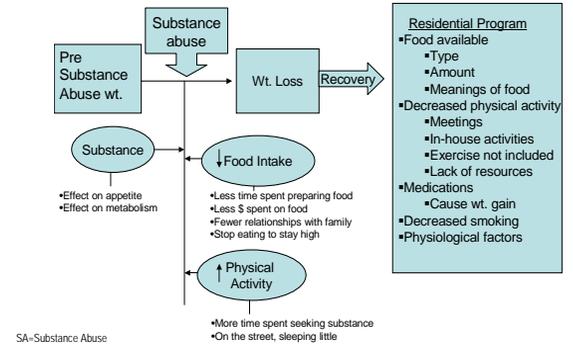
- Food is available
- We eat a lot of fat and calories
- Meanings of food: food is comfort

Themes: Exercise

- Walking is an accepted activity
- High level of interest in exercise
- Little time available
- Barriers: no leader, low expectation

MODEL RESULTING FROM FOCUS GROUP DATA

Model of Weight Gain in Women During Recovery



SA=Substance Abuse

CONCLUSIONS

- Weight gain was documented, but not was not consistent
- Very large variability in reported intake within subject
- Expected similarity in macronutrient intake between subjects in same residence not seen
- **Limitations of This Study**
 - Small sample size
 - Dietary data collected on same day of each week in each residence
 - Possible cognitive deficits of women in early recovery may influence accuracy of reported intake
 - Not clear if women understood 2-D portion size visual
 - Interviewers felt subjects underestimated portion size
- **Future Work: Possible ways to improve quality of 24- hour recall data**
 - Meet food service staff, review menus, recipes, food available in advance.
 - Meet with subjects in groups, demonstrate what we need them to do.
 - Determine volume of cups, bowls, spoons typically used in the residence; train residents to report using these when eating in residence.
 - Subsequent recalls done by phone; do interviews different days of the week.